


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # 401614
1. Entity Name
**VISITING HOMEMAKER SERVICE OF BROWARD
COUNTY, INC.**



Principal Place of Business Mailing Address
**3570 KEITH STREET, N.W.
CLEVELAND, TN 37312 US** **3570 KEITH STREET, N.W.
CLEVELAND, TN 37312 US**

DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1439214 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution.** Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP PRESTON, FORREST L 3570 KEITH STREET, N.W. CLEVELAND, TN 37312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPTS CLAYTON, ANGELENA Y 3570 KEITH STREET, N.W. CLEVELAND, TN 37312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS CROSS, CINDY S 3570 KEITH STREET, N.W. CLEVELAND, TN 37312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS THURMOND, JOAN E 3570 KEITH STREET, N.W. CLEVELAND, TN 37312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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03/31/05-80036-005 300.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joan E Thurmond* Date 3-16-05 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR